



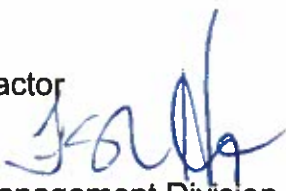
# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY  
DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**CALVIN C. REMINGTON**  
Interim Chief Probation Officer

February 18, 2016

TO: Each Prospective Contractor  
FROM: Tasha Howard, Director   
Contracts and Grants Management Division

SUBJECT: **ADDENDUM TO REQUEST FOR PROPOSALS (RFP) #6401602 TO  
PROVIDE COMPREHENSIVE ELECTRONIC MONITORING SERVICES**

The following addendum is made to the Request for Proposals dated January 29, 2016 to provide Comprehensive Electronic Monitoring Services for the County of Los Angeles Probation Department. For ease of reading, stricken text indicates deleted language and bold and underlined text indicates added language to the RFP.

1. STATEMENT OF WORK (SOW), Appendix A, page 3, Section 1.2.7, is amended in its entirety to read as follows:

Contractor shall have documented policies and procedures for network security, application security, data transmission and data security, as well as monitoring center physical security. Contractor shall supply County with a copy of its network security policy and procedures. Contractor shall abide by County's network security policy and procedures, ~~Technical Exhibit 6~~ **Technical Exhibit 5** (Information Security and Privacy Requirements) of Appendix B (Statement of Work Technical Exhibits).

2. Appendix D, Required Forms Exhibit 7, Request for Local SBE Preference Program, is deleted and replaced in its entirety as attached.
3. Appendix D, Required Forms Exhibit 11, Pricing Sheet, is deleted and replaced in its entirety as attached.

TH:DS:vp

# REQUIRED FORMS - EXHIBIT 7

## Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

### I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: \_\_\_\_\_

COUNTY VENDOR NUMBER: \_\_\_\_\_

- ☐ As a Local SBE, certified by the County of Los Angeles, Department of Consumer and Business Affairs, I request this proposal/bid be considered for the Local SBE Preference.
- ☐ Attached is my Local SBE Certification letter issued by the County \_\_\_\_\_

### II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
<b>Total Number of Employees (including owners):</b> _____						
<b>Race/Ethnic Composition of Firm.</b> Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

### III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

### IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

### V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date

**REQUIRED FORMS - EXHIBIT 11**  
**PRICING SHEET**

PAGE 1 OF 5

**Global Positioning System Monitoring Program  
And  
Juvenile Electronic Monitoring Program**

The undersigned offers to provide all labor and supplies necessary to provide Comprehensive Electronic Monitoring Services as set forth RFP# 6401602.

Said work shall be done for the period prescribed and in the manner set forth in said specifications, and compensation therefore shall be on a sliding scale, fixed-fee basis as provided upon the hereinafter proposed sliding scale, fixed rates. I agree that if the County Board of Supervisors accepts my proposal, I will commence services immediately following contract execution.

I agree to provide the specified services for the County of Los Angeles - Probation Department in accordance with the attached specifications for the following submitted compensation, which shall apply to weekday, weekend, holiday, overtime, and extra personnel coverage.

**I PROPOSE A SLIDING SCALE FIXED RATE/FEE FOR THE REQUIRED SERVICES USING CELLULAR RADIO FREQUENCY (CRF), AS FOLLOWS:**

**1. Monitoring and support services only**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**2. Monitoring and support services including installation and removal**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

## REQUIRED FORMS - EXHIBIT 11

### PRICING SHEET

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**I PROPOSE A SLIDING SCALE FIXED RATE/FEE FOR THE REQUIRED SERVICES USING RADIO FREQUENCY (RF), AS FOLLOWS:**

**1. Monitoring and support services only**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**2. Monitoring and support services including installation and removal**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**REQUIRED FORMS - EXHIBIT 11**  
**PRICING SHEET**

**PAGE 3 OF 5**

**I PROPOSE A SLIDING SCALE FIXED RATE/FEE FOR THE REQUIRED SERVICES USING GPS - PASSIVE, AS FOLLOWS:**

**1. Monitoring and support services only**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**2. Monitoring and support services including installation and removal**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

## REQUIRED FORMS - EXHIBIT 11

### PRICING SHEET

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**I PROPOSE A SLIDING SCALE FIXED RATE/FEE FOR THE REQUIRED SERVICES USING GPS - INTERMEDIATE, AS FOLLOWS:**

**1. Monitoring and support services only**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**2. Monitoring and support services including installation and removal**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

## REQUIRED FORMS - EXHIBIT 11

### PRICING SHEET

PAGE 5 OF 5

**I PROPOSE A SLIDING SCALE FIXED RATE/FEE FOR THE REQUIRED SERVICES USING GPS – CONTINUOUS (ACTIVE), AS FOLLOWS:**

**1. Monitoring and support services only**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

**2. Monitoring and support services including installation and removal**

1 – 50 _____	351 – 400 _____	701 – 750 _____
51 – 100 _____	401 – 450 _____	751 – 800 _____
101 – 150 _____	451 – 500 _____	801 – 850 _____
151 – 200 _____	501 – 550 _____	851 – 900 _____
201 – 250 _____	551 – 600 _____	901 – 950 _____
251 – 300 _____	601 – 650 _____	951 – 1000 _____
301 – 350 _____	651 – 700 _____	1001 – over _____

Respectfully submitted,

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_